Report Date: 02 Feb 2013

### Summary Report for Individual Task 081-831-0044 APPLY A PNEUMATIC SPLINT TO A CASUALTY WITH A SUSPECTED FRACTURE OF AN EXTREMITY Status: Approved

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**Condition:** You are evaluating a casualty with a suspected fractured extremity. You will need a pneumatic splint. Some iterations of this task should be performed in MOPP.

**Standard:** Immobilize an extremity using a pneumatic splint without causing further injury or impairing circulation.

Special Condition: None

Special Standards: None

Special Equipment: None

**MOPP:** Sometimes

**Task Statements** 

Cue: None

# **DANGER**

None

# **WARNING**

None

# **CAUTION**

All bodily fluids should be considered as potentially infectious so always observe body substance isolation (BSI) precautions by wearing gloves and eye protection as a minimal standard of protection.

Remarks: None

Notes: None

#### **Performance Steps**

- 1. Check the equipment both visually and manually to ensure-
  - a. The splint is free of holes.
  - b. The air valve functions.
  - c. The zipper functions.
- 2. Open the splint completely and place it next to the injured extremity.
- 3. Assess pulse, motor function, and sensory function; compare to the uninjured extremity.
- 4. Lift and support the injured extremity.
- 5. Place the splint under the injured extremity and position the splint around the injured area.
- 6. Inflate the splint.
  - a. Draw the zipper completely closed.

# **CAUTION**

Do not use an air pump.

- b. Blow into the air valve and inflate the splint until a slight indentation can be made with a thumb or finger.
- 7. Reassess motor and sensory function, and assess capillary refill to ensure adequate circulation is maintained. Question the casualty about numbness and tingling sensations. If circulation is impaired, partially deflate the splint.
- 8. Elevate the extremity slightly to minimize swelling.
- 9. Monitor the splint.
  - a. Partially deflate the splint every 20 to 30 minutes to reestablish peripheral circulation.

# **CAUTION**

Do not overinflate. Temperature and air pressure may cause too much pressure to be exerted, thereby cutting off circulation to the extremity.

b. In an aircraft, limit the inflation pressure to that which is adequate for fracture support only.

(Asterisks indicates a leader performance step.)

#### **Evaluation Preparation:**

Setup: For training and evaluation have another soldier act as the casualty and specify the location of the fracture. Tell the casualty not to assist the soldier in any way.

Brief soldier: Tell the soldier to apply the pneumatic splint to the specified fractured extremity. To test step 9, have the soldier tell you what they would do to monitor the splint under normal conditions and in an aircraft.

| PERFORMANCE MEASURES  | GO | NO-GO | N/A |
|---|----|-------|-----|
| 1. Checked the equipment both visually and manually.  |    |       |     |
| 2. Opened the splint completely and placed it next to the injured extremity.                        |    |       |     |
| 3. Assessed pulse, motor function, and sensory function; compared to the uninjured extremity.       |    |       |     |
| 4. Lifted and supported the injured extremity.  |    |       |     |
| 5. Placed the splint under the injured extremity and positioned the splint around the injured area. |    |       |     |
| 6. Inflated the splint.   |    |       |     |
| 7. Reassessed motor and sensory function; assessed capillary refill.                                |    |       |     |
| 8. Elevated the extremity slightly to minimize swelling.  |    |       |     |
| 9. Monitored the splint.  |    |       |     |
| 10. Did not cause further injury to the casualty.   |    |       |     |

#### Supporting Reference(s):

| Step Number | Reference ID  | Reference Name  | Required | Primary |
|-------------|---------------|---|----------|---------|
|             | 0-7637-4738-6 | AAOS, Emergency Care and<br>Transportation of the Sick and Injured,<br>9th Edition, Jones & Bartlett Publishers |          | No      |

**Environment:** Environmental protection is not just the law but the right thing to do. It is a continual process and starts with deliberate planning. Always be alert to ways to protect our environment during training and missions. In doing so, you will contribute to the sustainment of our training resources while protecting people and the environment from harmful effects. Refer to FM 3-34.5 Environmental Considerations and GTA 05-08-002 ENVIRONMENTAL-RELATED RISK ASSESSMENT.

Safety: In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination. In a training environment, leaders must perform a risk assessment in accordance with FM 5-19, Composite Risk Management. Leaders will complete a DA Form 7566 COMPOSITE RISK MANAGEMENT WORKSHEET during the planning and completion of each task and sub-task by assessing mission, enemy, terrain and weather, troops and support available-time available and civil considerations, (METT-TC). Note: During MOPP training, leaders must ensure personnel are monitored for potential heat injury. Local policies and procedures must be followed during times of increased heat category in order to avoid heat related injury. Consider the MOPP work/rest cycles and water replacement guidelines IAW FM 3-11.4, NBC Protection, FM 3-11.5, CBRN Decontamination.

Prerequisite Individual Tasks: None Supporting Individual Tasks: None

Supported Individual Tasks:

| Task Number  | Title                         | Proponent                      | Status   |
|--------------|-------------------------------|--------------------------------|----------|
| 441-BNC-0115 | Implement Survival Procedures | 441 - Air Defense (Individual) | Approved |

#### **Supported Collective Tasks:**

| Task Number         | Title  | Proponent                 | Status   |
|---------------------|--|---------------------------|----------|
| 08-5-8100(Step: 4.) | Provide Medical Treatment Team/Section Support | 08 - Medical (Collective) | Approved |
| 08-5-8100(Step: 5.) | Provide Medical Treatment Team/Section Support | 08 - Medical (Collective) | Approved |

| 08-2-0313(Step: 2.) | Provide Emergency Medical Treatment Medical Units     | 08 - Medical (Collective) | Approved |
|---------------------|---|---------------------------|----------|
| 08-2-8100(Step: 5.) | Provide Battalion Aid Station Support                 | 08 - Medical (Collective) | Approved |
| 08-1-0231(Step: 2.) | Provide Emergency Medical Services                    | 08 - Medical (Collective) | Approved |
| 08-3-0319(Step: 5.) | Provide Ground Ambulance Evacuation Support           | 08 - Medical (Collective) | Approved |
| 08-3-0316(Step: 1.) | Provide Sick Call Services                            | 08 - Medical (Collective) | Approved |
| 08-3-0313(Step: 2.) | Provide Emergency Medical Treatment Non-Medical Units | 08 - Medical (Collective) | Approved |
| 08-3-0319(Step: 1.) | Provide Ground Ambulance Evacuation Support           | 08 - Medical (Collective) | Approved |
| 08-3-0319(Step: 2.) | Provide Ground Ambulance Evacuation Support           | 08 - Medical (Collective) | Approved |
| 08-3-0319(Step: 3.) | Provide Ground Ambulance Evacuation Support           | 08 - Medical (Collective) | Approved |
| 08-1-0242(Step: 4.) | Perform Surgical Services                             | 08 - Medical (Collective) | Approved |
| 08-2-8100(Step: 4.) | Provide Battalion Aid Station Support                 | 08 - Medical (Collective) | Approved |

### ICTL Data:

| ICTL Title                                 | Personnel Type | MOS Data |
|--|----------------|----------|
| 91W - Health<br>Care Specialist -<br>SL1   |                |          |
| 91X - Mental<br>Health Specialist<br>- SL1 |                |          |